

server. (Edema of the legs disappears by the use of a well-adjusted roller. Abdominal fullness is reduced by the waist-belt, while many tumours of the cavity have disappeared by its influence. Its advantages in varicose limbs, in many chronic ulcers, in thickened structures—nay, in great disorganization of the urethra, are well understood.”

That compression may be, therefore, a competent adjunct to other treatment in certain affections of the bursæ, cannot, Mr. K. says, reasonably admit of doubt—at least so far as organic changes and effusion are taken into account, and thinks it is adequate of itself to accomplish in many cases a cure.

In places to which pressure is inapplicable, percussion, Mr. K. says, is an excellent substitute, and that he has found it so in effusions in the trochanteric bursa.

“Gouty engagement of the reticular bursa on the tendo-Achillis is uncommon. It is attended with lameness and some œdema of the outside of the foot, and the lateral hollows above the heel. It appears like a band across the tendon, and it is very tender when squeezed. By the application of a camphorated mercurial plaster supported by a bandage, the inconvenience it produces is well relieved, and the local disease finally disappears under general treatment.

“These remarks equally apply to the bursa of the os calcis.

“*Fifth Head.*—Few local diseases are more tedious in their progress, or more troublesome in management, than ulceration of bursal structures, whether they are the consequences of operation, or arise from neglected inflammation. Both, after some continuance, soon present nearly the same aspect, and are accompanied with the same painful restraint to the motion of the knee. The ulcer rarely equals the size of the patella; generally it is much less. It has an unhealthy appearance, with angry-looking margins, a chorded surface, with depressed yellow interstices, a copious, semi-glutinous gleety discharge, and it has often reminded me of the characters of a superficial cutaneous cancer, into which, I may here add, I have known it to degenerate.

“Such sores seldom heal under emollient treatment, although it is sometimes employed with advantage to relieve irritation induced by other applications. Stimulants answer better than any remedies. I tried many, and my experience leads me to prefer common basilicon ointment, rubbed up with red precipitate and spirits of wine. Adhesive straps are useful, when the surface cleans and granulations form. Strict and patient rest must ever be enjoined.

“I have no doubt that the strong alcoholic solution of iodine, as first recommended by Dr. Davies, will be found to be the most approved means of exciting the necessary degree of action in long-standing diseases of the bursæ. It is a most manageable remedy, and its stimulant powers seem to be more rapidly and more permanently displayed than that of any other external application.

“Irritation of the cyst is the grand object of all topical treatment; for unless it be induced, our efforts must surely be made in vain. Mr. Ramsden was well aware of this fact, and he has most happily expressed himself in these judicious terms:—The large ganglion of the knee will resist every degree of stimulus to the skin that falls short of producing an excitement of the membrane within which the fluid is effused. But blistering until the envelop becomes excited, though the stimulus be discontinued, the disease, after a reasonable time, will gradually disappear.”

42. *Removal of a portion of the Liver from the Human Subject.* By JOHN MACPHERSON, M. D.—A Hindoo, aged between 60 and 70, was in June last brought in, a distance of six miles, to Howrah, with a spear-wound in the abdomen, about three inches above the umbilicus, and two inches to its right, through which a triangular portion of liver protruded, of about the size and shape of the four fingers of the hand, lying side by side. The wound itself did not exceed an inch in length, and was completely choked up by the liver. The man stated that he had been stabbed in the dark about twelve hours previously, and that the liver came through the wound, as the spear was drawn out. It was added, that there had been very copious hemorrhage, but the liver itself was not wounded, and though the patient was in considerable pain, the pulse was very little depressed.

My friend, Dr. C. M. Henderson, who was present, agreeing that it would be impossible to return the protrusion without enlarging the wound to the extent of several inches, it was resolved, rather than wait for the tedious process of sloughing, to remove it by the knife.

To prevent hemorrhage, a ligature was applied tightly round the base of the protrusion, which was then cut off. Nevertheless, two arterial twigs bled very freely, and it was found necessary to take them up, and a double ligature was also passed through the stump, and tied on either side, when all bleeding ceased. No attempt was made to return the portion of liver which still filled up the wound, as it was of course desirable to prevent all risk of blood or of bile being extravasated into the cavity of the abdomen. For a day or two the patient was rather low, and had slight irritative fever, and the bowels remained costive. These symptoms, however, yielded to a few doses of purgative medicine, and in nine days the ligatures came away along with a small slough of liver; the wound granulated and healed, and the man returned to his home in three weeks. No bilious discharge occurred from the granulating surface of liver. The portion of liver removed, after having lost its blood, and being in spirits for some weeks, weighed 1½ oz. Its surface is uneven, though not torn, and it is probably a portion of the edge of the right lobe, from near the notch between it and the left.

It is difficult to explain how so large a portion of liver could have protruded through so small a wound, even if allowance be made for the size of the wound being diminished by the contraction of the abdominal muscles, and for the protruded portion becoming congested.

It is unnecessary here to allude to wounds of the abdomen generally, or of the liver in particular, (for in this case the liver does not seem to have been wounded,) or to the extraordinary recoveries from almost every variety of them. Such cases are innumerable.

It has long been known, from the experiments of one of the Monros, that rabbits have suffered very little from having portions of their livers cut off. It was also known, that patients live for years after the loss of very considerable portions of liver by hepatic abscess, and may exist for months, with the whole liver converted into a mere cyst; but the actual removal of a considerable portion of the liver from the human subject, with so very little constitutional disturbance, even allowing for the patient being a native, is a fact of considerable interest in medicine and in physiology.

I may add, that the patient complained of a good deal of pain when the surface of the liver was touched, but that cutting through its substance hardly caused him any.

The old man appeared two months after, as prosecutor in his own case; he was in perfect health; there was a little puckering in of the skin about the wound, and the liver was evidently adherent beneath.—*London Med. Gaz.*, Jan. 16th, 1846.

43. *Resection of the entire Upper-Jaw.* By Dr. HEIFELDER, Clinical Professor of Erlangen.—A man, aged 23 years, was affected with a tumour which occupied the palatine vault, extending to the two superior maxillary bones; the nose was elevated and flattened, the *velum palati* drawn towards the tongue; the face was œdematous and deformed; respiration difficult; voice almost destroyed; sleep restless; the teeth were loose; the tumour was hard and insensible; there was no appearance of the cancerous cachexia. The only chance of preserving the patient was the removal of the superior maxilla. The operation was performed the 23d July in the following manner, in the presence of MM. Constadt, Seibold, and several others:—The patient being seated firmly in a chair, and his head reclining against the breast of an assistant, the operator made two parallel incisions, beginning at the external angle of each eye, extending downwards towards the commissures of the lips; a quadrangular flap was thus formed, which he dissected up and turned over on the forehead; a chain-saw was then passed into the left spheno-maxillary fissure dividing the left portion of the superior maxillary molar bones; a similar section was made in the same way on the right side, so as to separate entirely the maxillary bones from the ossa unguis and ethmoid above, solely by means of the chain-saw; some cuts of a scissors detached the vomer and other remaining adhesions, and then a slight force detached the whole osseous piece. The operation lasted three-quarters of an hour; the patient lost but little blood. During these proceedings the patient fainted three times, which caused a little delay. The flap was then drawn down to its proper position, and united to the contiguous parts by twenty-seven points of suture. Little fever followed, and in